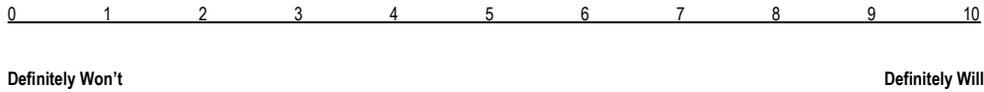


## Evaluation of HIV Testing Intentions

### A. MC Intention

1. How likely are you to get tested for HIV in the next month?



### B. Attitude

1. Getting tested for HIV in the next month would be:

		Extremely	Quite	Neither	Quite	Extremely	
		1	2	3	4	5	
a.	<i>Good Idea</i>	<input type="checkbox"/>	<b>Bad Idea</b>				
b.	<b>Easy</b>	<input type="checkbox"/>	<b>Difficult</b>				
c.	<b>Safe</b>	<input type="checkbox"/>	<b>Risky</b>				
d.	<b>Comforting</b>	<input type="checkbox"/>	<b>Stressful</b>				
e.	<b>Helpful</b>	<input type="checkbox"/>	<b>Useless</b>				
f.	<b>Reassuring</b>	<input type="checkbox"/>	<b>Worrying</b>				
g.	<b>Worthwhile</b>	<input type="checkbox"/>	<b>Pointless</b>				
h.	<b>Smart</b>	<input type="checkbox"/>	<b>Dumb</b>				
i.	<b>Beneficial</b>	<input type="checkbox"/>	<b>Harmful</b>				
j.	<b>Desirable</b>	<input type="checkbox"/>	<b>Undesirable</b>				
k.	<b>Healthy</b>	<input type="checkbox"/>	<b>Unhealthy</b>				



Extremely certain I could not	Quite certain I could not	Neither /not sure	Quite certain I could	Extremely certain I could
1	2	3	4	5

- |   |                          |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. How certain are you that you could get tested for HIV at your local clinic?                                    | <input type="checkbox"/> |
| b. How certain are you that you could get tested at an HIV testing center   | <input type="checkbox"/> |
| c. How certain are you that you could get tested at home, using a kit?  |                          |                          |                          |                          |                          |
| d. If you feel fear about your HIV test results, how certain are you that you could be tested for HIV?            | <input type="checkbox"/> |
| e. If you have to pay to be tested, how certain are you that you could be tested for HIV?                         | <input type="checkbox"/> |
| f. If you are concerned about what other people might say, how certain are you that you could get tested for HIV? | <input type="checkbox"/> |

**F. Injunctive Norm**

Next are questions about some people or things in your life that may or may not encourage you to get an HIV test.

1. How strongly do you agree or disagree that each of the following people or things would encourage you to get an HIV test?

Strongly Disagree	Somewhat Disagree	Neither /not sure	Somewhat Agree	Strongly Agree
1	2	3	4	5

- |   |                          |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Most people who are important to you | <input type="checkbox"/> |
| b. People in your community             | <input type="checkbox"/> |

	Strongly Disagree 1	Somewhat Disagree 2	Neither /not sure 3	Somewhat Agree 4	Strongly Agree 5
c. Your family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Your best friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. [Add other important referents]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>